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ABSTRACT

"Modern Methods of Criminal Rehabilitation" was the subject of a conference held in Chazy, New York. The institution dealt with was the Diagnostic and Treatment Center at Clinton Prison in New York. A movie "A New Way to Prepare for a New Life" presented an overview of the rehabilitation program for multiple offenders. A transcript of the film is included. A panel discussion on "Who is the Chronic Offender" was presented by a group of students who interviewed inmates at the prison. The discussion following this panel was led by inmates who had come for this purpose. Dr. Steurup presented a lecture on psychotherapy, diagnosis and treatment. Next, a panel summarized the conference, pointing out the need to use existing knowledge and to indicate priorities for the future. An interview with Jacques Bernheim provided an additional international perspective. (KJ)

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A NEW WAY TO A NEW LIFE

A Conference on Criminal Rehabilitation

April 27--29, 1969

Faculty of Social Sciences
State University College of Arts and Science
PLATTSBURGH, NEW YORK 12901

and

Miner Center Project
Chazy, New York 12921

Conference Programs

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FOREWORD

Ludwig Fink

In the following pages, a conference, which took place in Chazy, New York, in April, 1969, is described. Internationally-known visitors are, of course, nothing unusual for a State University. Neither was the theme of the conference, "Modern Methods of Criminal Rehabilitation." What was unusual was the institution with which it dealt, namely, the Diagnostic and Treatment Center at Clinton Prison in Dannemora, New York.

Dannemora, "The Little Siberia of New York State," has become a focus of attention for criminologists and penologists. That this is so is proven by the impressive list of participants; and the program itself explains the reasons for its importance.

Reviewing the transcripts, tapes, and films made during the conference, the organizers felt that the material presented during the three days was valuable enough to warrant its publication. The Miner Foundation of Chazy, New York, generously offered to sponsor such a publication in cooperation with the State University in Plattsburgh, another example of outstanding collaboration between the New York State University, the Forensic Clinic of McGill University, and the New York State Department of Correction at Dannemora.

It is my sincere hope that people working in the fields of criminology, correction, and related disciplines will find this volume helpful in their work and in their planning for future progress.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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INTRODUCTION

The title of the film made to describe the program at Dannemora Diagnostic and Treatment Center is "A New Way to Prepare for a New Life." The new way is intensive professional effort concentrated on rehabilitating chronic offenders. This preparation for a new life merits careful consideration by all persons concerned with the detention of criminals and searching for an opportunity to heal.

The report of the conference that was held at State University College, Plattsburgh, is the work of many people. The planning was done by Dr. Ludwig Fink, Mr. William Derby, Mr. Peter Martin, Mr. William Weixel and myself.

The film, "A New Way to Prepare for a New Life," was an effort to provide an overview of the rehabilitation program for multiple offenders at Dannemora for the conference. It was made with the assistance of State University College, Plattsburgh students and faculty. Mr. Weixel coordinated the making of the film and Mr. Lou Pullano directed the filming.

The panel discussion "Who is the Chronic Offender" owes much to the sustained work of Mrs. Lydia Keitner with the students of the State University College, Plattsburgh. Their high level achievement merits recognition.

The panel discussion "The Center Reported From Within" was made possible by the willingness of former inmates to take time to come to our conference and by the sensitive participation of the officers. Mr. Peter Martin has consistently helped in the project.

Dr. Stuerup in a sense was the catalyst of the conference. His presence in the United States encouraged us to provide a summary of what is being done. His scholarship and knowledge is evident in both his lecture and in his participation in the discussions.

In addition to Dr. Stuerup, the panel discussion that followed was able to draw on, the expertise of Dr. Bruno Cormier, Dr. Hans Toch, Dr. Ludwig Fink, and Mr. William Derby. The question "Should the Dannemora Design Be Extended to Other Prisons?" served to summarize the conference, to point out the need to use existing knowledge, and to indicate priorities for the future.

The interview with Jacques Bernheim followed a few days after the conference. He had an opportunity to view the video tapes of the conference and his views provide an additional international perspective.

The Faculty of Social Sciences expresses its sincere appreciation to the Miner Center Project for its generous support of the project from its inception through the publication of the conference proceedings.

I want to express my warm appreciation to Miss Mary Pasti from State University of New York at Albany for her careful work as editor. She has revised all drafts for clarity and correctness and has removed the inevitable duplications in discussions.

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A NEW WAY TO PREPARE FOR A NEW LIFE[1]

Transcript of the Film

DR. FINK

My name is Ludwig Fink. I am a doctor of medicine, specializing in psychiatry. Since the inception of the Clinton Prison Diagnostic and Treatment Center, I have been the director. The Center is an institution of the New York State Department of Correction, an experimental program established by law in October, 1966. The legal function of the Center is threefold: diagnosis and prognosis for the parole board, rehabilitation through treatment, and research into causes of criminal behavior and into methods of diagnosis and treatment with prevention as the ultimate goal. We hope to establish with the help of the State University of New York at Plattsburgh an integrated program of education and training of professional workers at all levels, which is indispensable if we want to establish new and progressive programs in the field of correction. We started the Diagnostic and Treatment Center with fifty men; one year later, we opened a second unit with an additional fifty prisoners. These prisoners were selected in cooperation with the Division of Parole and the Forensic Clinic of McGill University in Montreal. The State University College at Plattsburgh and the Miner Foundation have made possible this conference, in which we will show you what we are doing and how successful we have been so far. The location and the maximum security regulations unfortunately make it impossible for us to have you all come out to Dannemora and see for yourselves. Therefore, we hope this audio-visual program will give you the background necessary for a discussion of the program. My staff and I are here during the conference; we shall try to answer all of your questions. I welcome you and I hope you will enjoy what we are going to show you.

---

[1] William Weixel coordinated the film production.

NARRATION

We see men come and we see men go. When a man comes in, he is hostile; he hates the world. Sometimes he goes out a little bit different than he was when he came in. As he leaves, the gates open and in comes another just like the fellow leaving.

Receiving a new inmate at the Diagnostic Center is not mechanical. The man comes in and is greeted by officers, staff, and inmates. At first, he is scared; he cannot believe what he sees. He shakes hands with the officers; he may be offered a cigarette. The whole program is explained to him.

INMATE

Usually when you come to a prison, you have officers pinching you and doing different things, but it's different here. They start shaking your hand and patting you on the back.

NARRATION

I can understand that after thirty-three years of prior experience, the two years here must have been quite a change for you.

OFFICER

The change is terrific. In the beginning, I talked many times of leaving because I did not understand the total team approach. Each officer, each inmate, each person on the staff is part of the treatment thing, and this is one of the hardest things to get used to.

NARRATION

Besides the daytime vocational activities, there are educational and vocational activities in the evenings and during the weekends to familiarize the man with using his time productively. Participation in music, art, and drama is on a voluntary basis and is under the guidance of the professional instructor provided by the State University College at Plattsburgh. There is also an active physical education program with competitive and individual sports in season. We have basketball, softball, handball, bowling, and weight lifting. In addition to the formal evening programs, we have television, ping pong, cards, and chess. The men are expected to return to their rooms by eleven o'clock at night. The accent at the Center is on personal responsibility and on the development of interpersonal relations.

STAFF MEMBER

From a study of the records, we find that most of the men in our program have never been able to hold a job for any length of time. Some of them have been in prison for a greater share of their lives and some of them have never really worked before. Others have had, say, two years of work experience but maybe twenty to forty jobs in those two years.

INMATE

The main prison is not much different from a street to me. I deal with people in the same way, on a very weak level. I've always had a big mouth, but I've never said anything. I was lonelier in the streets than I was in the main prison. I was more confused in the streets. In the main prison I could have friends; in the street, I couldn't have.

OFFICER

The work program in our clinic is required. However, a man is not required to work. We open our shop at eight o'clock in the morning and he is expected to report on his own.

INMATE

You can refuse to do things and there's no punishment, there's nothing held over your head. The officers are much more personally involved with the individual. They expect you to make something of yourself.

OFFICER

If a man does not show up, we mark him absent and he will not receive pay for the day that he is absent. The officers back in the unit will confront the man and ask him why he is not at work. By constant confrontation, we hope to create an incentive in the man and make him see that the work is important in his life. He will eventually show up at the shop on time.

NARRATION

One of the unique features of the therapeutic community at the Center is the wide latitude given each individual to express himself freely without recrimination. Any topic is grist to the mill since the community structure is oriented democratically. Each day there is a community meeting which lasts for forty-five minutes, during which time personal, employment, and community problems are discussed. The community as a group attempts to develop a means of dealing with individual and group problems. Psychotherapy provides the key to understanding the dynamics of the individual, his emotions, his thoughts, his attitudes, and his reactions. In individual and group psychotherapy, each inmate works to unravel the patterns of his life in order to understand what led him to prison. He explores his relationships with people in order to gain a deeper understanding of himself. Little by little, as he gains insight, he is able to test new ways of living in the therapeutic community. Thus, there is a continuing reciprocal process between daily living in the community and shaping new feelings and attitudes in psychotherapy.

STAFF MEMBER

You live with him. Do you find him threatening?

STAFF MEMBER

When I observe him in the community meetings, I get a feeling that some of the inmates are afraid of him. He lifts weights. He gives the physical appearance of being strong and his attitude, the way he controls situations, keeps others away. They don't seem to want to say too much about him. In sociodrama, he has mentioned a feeling of being powerful, of being emotionally and physically strong.

STAFF MEMBER

You spoke of his ability to make other inmates fear him. I am not sure whether this is conscious or not on his part. I do wonder how much we fear him. Today in the community meeting, he seemed to be in control. He spoke, but the depth of what he had to say is questionable. How much does he speak about someone else rather than convey to us what he himself is?

STAFF MEMBER

I think his every action is very much controlled. Even his being late to the shop seems to be carefully planned. He deliberately comes in six or seven minutes late, day after day.

STAFF MEMBER

One thing we need at this Center is a very high frustration point because we often get blasted; when we do, we usually understand there is something going on. After all, these men are going to individual therapy and group therapy; they are under pressure. Each man is confronted by his therapist and by his fellow inmates. We hold a mirror up to him. This is the way you are behaving. This is you. Take a good look.

DR. JOHNSON

I am Dr. Stanley Johnson, Associate Professor of Psychology at the State University College at Plattsburgh. My main function in the program has been to serve as a research design consultant and to help the staff in gathering and analyzing data in terms of research. I think the program has been very fortunate in being able, in the first few months of the operation, to run a longitudinal pilot study, which much research does not have a chance to do. We have learned a great deal in the past few months about the definition of our whole problem. Particularly, we have had a chance to deal with data collection and some ecological, sociological, and psychological definitions of the parameters. Let me show you what we are working with and where we intend to go.

In this study, our sample breaks into three groups. We have a control group, which is not involved in the program in any way, and an experimental group. The latter is broken up into the volunteer group and the enlisted group. The staff has defined what these groups consist of and how to measure the pertinent variables before the input of the program.

We are operating in three areas of behavior analysis. We are looking at personality factors. In using such instruments as the Minnesota Multiphasic Personality Inventory and the sixteen Personality Factor Scale, we are examining the possibility of using more sociometrically-designed and self-concept instruments. Second, we are looking at two aspects in terms of specific behavior analysis. On-floor or on-ward progress reports show what actually happens as the program operates. Parole officer reports, general sociological measurement as compared with the two original groups we talked about in terms of sample, and work definition give us an idea of post-confinement behavior. Third, and more peripheral, we are examining some correlate physiological measures.

We are going to use at least three major types of behavioral analysis. Certainly we are going to use multiple classification analysis of variance. It now looks as though we want to move to a factor analytic study of behavior involved in the subparts of the instrumentation we are using and maybe into interactional analysis between prisoners themselves and between prisoners and staff. The analysis of the data becomes complicated, but I think we are at the point where our definition of what we are doing in terms of sample and in terms of activities on the floor are such that they allow us to use these rather demanding measurements. In the pilot study work we have done to date, we have evidence that changes are taking place, particularly in the personality area. We have not yet had a sufficient passage of time to do a good job of measuring post-confinement behavior, but we have some strong indications that movement is being made in a hypothesized direction in the on-floor procedure.

The program has two main goals. Obviously, we are going to be looking at program effects. We want to know what happens to a patient who receives this kind of treatment and who is involved in these particular activities over the weeks and months involved. We want to be very careful that we measure these changes in a way which clearly defines the difference between this treatment and the treatment offered in other places of incarceration. Of equal importance to the researcher and to the theoretical penologist is our other goal: refining research techniques. To date, a great deal of the research in the area has involved either some physiological correlates, as might be defined in terms of serology, for example, or quasi-psychological-sociological involvement. One of the things we are learning is to evolve and perfect some techniques of refinement. The specifics of this will be presented by those individual speakers who talk about the program in detail.

MR. BURKE

I am Jerry (Gerald M.) Burke from the Division of Parole.

The end of the Diagnostic Center program is really the beginning of a new phase of treatment for each man. The men released from the Center have a minimum period of at least eighteen months of guidance under the New York State Division of Parole. During this time, a professional social caseworker will help each man to re-establish himself in the community. Perhaps the best final test of the effectiveness of this program will be the subsequent behavior of those released.

Parole, in addition to providing social casework, also provides the feedback. We at the Center receive periodic reports concerning the behavior of those released. In addition, similar reports are supplied for the control group. Before we look at some of the early returns, we should consider the fact that, in addition to the treatment function of this new institution, the Center provides a diagnostic role. In New York State, almost all offenders are illegally scheduled for release prior to the expiration of their sentences. It is the responsibility of the Board of Parole to answer the critical question: when? The decision must be reached in approximately fifteen thousand cases each year. Thus, the diagnostic aspect of the Center has obvious importance to the men who are inmates there. On a much broader basis, the discovery of valid predictive variables which would be useful in relating institutional behavior to post-institutional adjustment, would have a much wider application than just to those men at the Center. This is, of course, one of the goals of the Diagnostic Center: the research of valid predictive variables.

Due to the relative newness of the program, follow-up evaluation is still in its beginning stages. It would be foolish to draw any but the most tentative conclusion from our present results. We have a constant population at the Center of approximately one hundred men drawn from institutions throughout the state. To date, we have paroled approximately one hundred men; however, fewer than thirty-five of them are out more than one year. The control group has a similar structure. The follow-up returns for these two groups seem to indicate a quantitative similarity in that the delinquency rate at the present time is almost equal. However, there appears to be a pronounced qualitative difference in that the experimental group has a much lower serious felony arrest rate than the control group. Nevertheless, considering the small number of cases involved and the short time parolees have been in the streets, any conclusion made at this time could only be premature.

Perhaps one of the most satisfying and gratifying responses that we have noted in the program is the frequency of a change in attitude toward parole and toward the institution on the part of men released from the Center. Many of them have had previous parole experiences, sometimes sad. They write back now and describe their parole experiences without the old feelings of hostility. They often express the rather remarkable attitude that now, for the first time, they view the parole as supportive rather than inimical. In a similar manner, their attitude toward the institution has changed. We receive letters and frequently telephone calls from released men who are afraid of their own impulses and call up in the evening to express their fears.

LETTER FROM A FORMER INMATE, DATED APRIL 9, 1968

"I write this few words to let you and the rest of the Center know how I am doing."

"The first two days were busy for me cause I had a lot of things to do, but the third and fourth days were real lonely for if it hadn't been for my sister, I think I either would have gone nuts or gone out for some action. But, I have my sister who is very understanding, and I was able to talk to her."

"About my job, the only thing I can say is that it is a job. But I am looking forward to better things. The only thing I can say is that the fellows better get in shape cause work is not as easy as I thought it would be. I started to work on Monday, the 1st of April, and I was so tired that the only thing I wanted to do was sit at home and rest."

"I have been home almost two weeks and it has been hell. Nothing has been easy, everything that you want is out here, but you have to work for it and it is not going to be a bed of roses."

"I also realize that if it hadn't been for the program and the people in it, I don't think I could have put up with the frustration. So from the bottom of my heart, I want to thank you wonderful people for the help that I got there, officers, staff, and inmates."

WHO IS THE CHRONIC OFFENDER?

Lydia Keitner, Moderator

MRS. KEITNER

Who is the chronic offender? The answer varies according to whom is defining the word. A lawyer would probably say that a chronic offender is a man who is constantly in trouble with the law and who seldom pays his fee. In Canada, he would seldom have a lawyer. A policeman would say that a chronic offender is a bum, that he is a public nuisance and has been ever since he was a kid. A judge would look into his criminal record and add maybe five years to his sentence because he has failed to learn his lesson. A political scientist would say that he is a product of the capitalist society, a parasite who is exploiting society, but that he, in actual fact, serves some purpose since he can be used as a bargaining power in labor disputes. A psychiatrist would say that he is a psychopath without psychosis, a schizophrenic personality, or an inadequate personality, that he has a distorted relationship with his parents because of an unresolved Oedipus complex, that he has a rich ego and has never had a superego.

I could continue defining from other viewpoints, but time will not permit me to do so. Let me instead define the chronic offender as I see him after a number of years of clinical work with him. I think we all agree that the chronic offender is a man who is repeatedly in trouble with the law, and who has been sentenced on several occasions to imprisonment, who associates with other criminals even during his short periods of freedom, who does not make a living by working but lives from the proceeds of crime. Further, the chronic offender is a man who is not in harmonious relationship with his environment, who does not conform to the world outside him but expects the world to conform to his wishes and desires. As a result of this conflict, the chronic offender regresses to his criminal way of living, where he acts out of his emotions and his instincts and where his main goal is to have immediate gratification. Therefore, he is living from day to day. He is not thinking of tomorrow; he is not concerned with the consequences of his actions. He looks at the normal way of life as boring and unbearable and believes that his life is more exciting.

The criminal behavior of the chronic offender is just one aspect of his total psychological behavior. He does not know how to live in society. He does not know how to spend his free time, how to spend his money; he has no routine, no regular daily life. He usually lives alone. He has no real friends. He cannot and is afraid to get close to people, including women. It is easy to understand what a crime does for him. To return to prison is but a relief from that day-to-day fight for survival. In prison, at least, he is not expected to cope with all the pressures and people of outside society. He accepts imprisonment as part of his life and does not mind being inside.

Where and how can we stop this vicious circle? If we want to treat a persistent offender, we have to understand him and we have to know how deep-seated his criminal behavior is. According to Dr. Cormier's classification, we are dealing with three major types of persistent offenders: the primary delinquent, the secondary delinquent and the latecomer. These categories are based on how old the person was when he started his delinquent behavior and when, as a result, his capacity to socialize was blocked. Thus, the primary offender started delinquency at an early age of eight, nine or ten; the secondary offender, during adolescence; and the late delinquent, after chronological maturation.

These categories are important in treatment planning. We can easily understand that the younger the child is when he exhibits behavior problems at school, at home, and at play, the more difficult it will be later to change his pattern of behavior. At Dannemora, we are dealing with the primary and secondary delinquents. Therefore, we have to accept the fact that they are the most difficult to treat and that the treatment may take quite a long time.

We also know that there is a certain time when the persistent offender becomes accessible for treatment. After a number of imprisonments, the repeated returns to prison eventually make the chronic offender realize that he is not even a good criminal; otherwise, he would not be back. He becomes aware of his failure and gets depressed. He begins to dislike imprisonment and to question crime as a way of living. As a result, his resistance and hostility to our anti-criminal world decrease. We say that he has reached a saturation point in his criminality and that the time has come when the process of abatement can begin. That is the right time to treat the persistent offender at Dannemora.

The treatment in the therapeutic unit is a long and a very painful process for the man as well as for the treatment personnel. Obviously, we cannot expect change to take place in a man with a sustained pattern of criminal behavior without his going through some real emotional turmoil. What change can we realistically expect in the chronic offender? Through living in a therapeutic community, we could attempt to raise his level of functioning from the primitive day-to-day living to a higher level where he will be able to accept that there is a tomorrow, that he can postpone gratification, that he can use judgment before acting out his emotions. If he accepts the fact that he has to work to make a living, he will find it much easier to change his life style. He will not see himself as being so different from other people. He will be able to follow the rules and regulations required by the society.

I must emphasize that work alone will not save the criminal from the law-abiding society. He has also to learn how to spend his free time because that is another area in which he can easily fall back into the old habits. I recently interviewed two men, now on parole from the Center, who had been working and making good money. They had no intention of returning to crime, but they eventually got themselves into a situation where parole violation was indicated because they did not learn how to relate to people, how to spend their free time, how to spend their money.

In order to understand the chronic offender, to treat him, and to make a sound rehabilitation plan for him, we have to understand his family background. With this idea in mind, I would like now to ask Miss Maria Volpe to report on the family background of the persistent offender as she has seen it through her personal interviews with inmates presently serving at the Dannemora Diagnostic and Treatment Center.

MISS VOLPE

I received the following information on the family background of the chronic offender by interviewing eleven inmates at the Dannemora Diagnostic and Treatment Center. Each inmate was asked to respond to a set of questions having to do with his past and present relationships with his parents as well as with his marital situation. Since time was limited, an extensive study was not possible. Nevertheless, I have found some interesting results after analyzing my limited samples.

Although there is a tendency for the layman to think that the chronic offenders come from broken homes, one half of the inmates I interviewed stated that their parents were living together at the time of their crime and are still living together. The other half do come from homes which were disrupted either by death or divorce. Remarriage has occurred in a few cases. Those who come from broken homes said that they were raised either by one parent or the other or else were provided for their grandparents. Those inmates who come from unbroken homes were brought up by their parents. All of the inmates I interviewed stated that their parents had never been arrested. One had strong feelings about his father. He described him as a con man, a business swindler who had been sly enough to avoid being arrested. Consequently, he looked on his father as dangerous to him. The fathers of most of these prisoners, being engaged in unskilled occupations, were members of the lower socioeconomic class. Several, however, stated that their fathers were employed in skilled and professional occupations. There was one whose father had served for thirty years as an Air Force officer.

The inmates come from families with between one and twelve children. There were one to three children in a half of the families, five to twelve in the other half. Family size did not seem to be an important factor. For the most part, these inmates were either the oldest or the youngest in their family. It is interesting to note that several mentioned this factor as an influence on their deviant behavior.

When asked about their parents' reactions to their first criminal activity for which they were penalized by law, all except one stated that their parents were shocked, hurt, and in one instance, disgusted. In the past, most of these inmates were taken back by their families after they had been released from other prisons. They recalled their parents telling them that they hoped they had learned a lesson through experience and would not do anything wrong again. This was not the case. One mentioned that his parents were aware of the fact that he had only learned how to be a better criminal. With the exception of one inmate, all correspond with members of their family of origin, but only a few plan to return when they get out of prison.

All of the inmates interviewed felt as though they had failed as marital partners at one time or another. One third of them have one illegitimate child. None have married their child's mother and none plan to return to her. Even though they have not been good fathers or husbands, all of these men are concerned about their children and plan to try to get in touch with them when they are released. The majority of the inmates I interviewed have only one child. This may be due to the fact that the child is illegitimate and that separation from their wives is quite prevalent. All of their children being quite young, none have been arrested. Most of the inmates say that they would be very upset if their children were involved in criminal activity. The married men mentioned that their wives had felt bad when they started criminal activities, but in most cases they felt that their wives could not have stopped them. Since all have some sort of marital problem, all of those who are still married, except one, doubt that they will return to their wives, though most of them write to their wives occasionally. Most of the inmates want to start over again on their own.

Each inmate has his own idea about what problems in his past led to his criminal activities. One half mentioned their family background as a definite cause. According to the men I interviewed, the family problems encountered include not enough mother love, parental death in the early years of family life, not enough discipline as a child, and an alcoholic father. A few inmates also gave emotional problems as a direct cause of their activities. Their own marital problems had some influence on a few other men. Friends also played an important part. They claimed that crime was the only way to get in with the group and obtain attention and that competition for attention ended in prison. Behind bars, all were equal in the sense that all were told what to do, when, where, and how. There was an added bonus to prison life: they learned how to be better con men, how to commit better crimes, and how to get picked up more easily by law enforcers. One told me that a man who persistently commits crimes does so in order to get picked up again. He subconsciously wants to go back to jail, back to security.

In conclusion, I would like to say that each one of these prisoners feels that he is gaining a better understanding of himself and his family relationships in the Dannemora program. Some mentioned that they felt that their families neglected them as children and that they now feel that this is not the case. Some have become more aware of their reasons for committing crime and how these reasons are related to their family background. Others now feel that they can better appreciate their parents, wives, and children. Before, they were not able to fully adjust to family life -- their individual wants superceded the needs of their family members. All feel that they have been reshaping their natures. We shall see what happens when they test their new selves in society.

MRS. KEITNER

Interestingly enough, the myth that the chronic offender comes from a broken home is less and less valid. It is not only the broken home but also the disturbed and problematic home where deliquency starts. Many different problems and interrelationships with the family and with society can create the atmosphere of an insecure home even if the marriage of the parents is intact.

Another interesting aspect is that it is not necessarily only the low economic or social group that produces persistent offenders. We know that more and more middle-class and even wealthy families produce them. This is another area in which we have to do more research.

Miss Volpe commented that the parents themselves are not criminals, chronic or otherwise. This raises a question: where in his family does criminality start and where does it stop? It starts somehow in the family atmosphere and family situation but it does not really start with the parents. It may stop if the persistent offender does not create a family of procreation, but then one wonders how the criminal values are transmitted. In our study at McGill, we are looking at three generations -- the offender, his parents, and their parents -- in order to see how these criminal values are transmitted.

Another point of interest is that when the persistent offender is involved in this day-to-day living and criminal activity, marriage does not make a difference. He will still act and behave just as though he were not married. When abatement starts and he is ready to settle down and start a new life, then marriage is more meaningful and helps him stabilize his life. Creating a home and a family is one of the most important aspects in rehabilitation and in helping the persistent offender to lead a law-abiding life.

As we have said, to accept the fact that work should be part of his life, that working and not crime should be the means to earn a living, is also important. Mr. Howard Jennings interviewed some of the inmates at the Center regarding work attitudes and work history and will now relate to us his findings.

MR. JENNINGS

Work seems to be a tool we can use to treat the persistent offender. I interviewed ten of the prisoners at the Center and researched ten more in the files. In my random samples, there was one who recorded no work background whatsoever. The rest had held two or more jobs, most of which were of short duration. They worked mainly as unskilled labor, as delivery boys, electricians' helpers, dock and yacht club workers, car wash, garage, and wrecking yard assistants, peddlers, carpenters, and truck drivers. One prisoner indicated that he had held something like hundred jobs in one year. He might start and quit one job in the morning and pick up another one in the afternoon. It is possible that the unskilled man might work for a shorter time than the skilled man due to lack of interest in the work. Because of my limited research, I did not find this, but there may be a correlation.

The inmates I interviewed and researched have completed maybe eighth grade, maybe the last year of the high school. To have completed eighth or ninth grade is average. The men in the program have an average or above average I.Q., so the problem is not that they do not have the intelligence to get through high school or even college; their difficulties lie in their family background and their environment. When they were younger, they may not have had the push or the incentive to finish their education, so they left school for their fifty-dollar-a-week jobs. They realize now that without the education they are not going to be able to get a job that will enable them to support a family. They might get a garage job or a car wash job, neither of which provides incentive. Without the education to get a better job, they have to resort back to crime. It is not the lack of brains but lack of education which is important, then.

The work problem can be a psychological one. Sometimes the inmates seem to have a mental block to work. They prevent themselves from looking for a job by rationalizing that they have a criminal record and are unable to achieve any decent job again. With the help of the parole organization and special placement offices, this rationalization does not always hold up, but they do try it. There also exists the problem of poor work habits and poor work attitudes; the men cannot stand the routine or they cannot stand the pressure of interaction with their fellow workers and with their bosses. On the other hand, there is a group of men who claim that they really love to work or really like the idea of working. They have motivation but the problem is putting up with the frustration that goes along with any job. This is the type of inmate who boasts that he does not get fired but who has quite a list of different jobs which he quits because he cannot take the frustration.

The Diagnostic and Treatment Center is set up to work on several of these aspects. The aim is to teach the inmate the tolerance and responsibility that he will need once he is back in the real world, to clear up the problems resulting from his environment so that he has the patience and the ability to take a realistic look at himself. He has to face up to the facts that he does have a criminal record and that he does not have a good education. When he gets out into the street, he might not be able to get a job that he likes; he cannot expect to start off with ten or fifteen thousand dollars a year; the job may not be a "he-man" type job. The prisoners I interviewed in the shop regard the sewing of shoes and the sewing of pants as woman's work, but about 50 per cent of them can see the worth of the shop experience. Some argued that there are just these one or two trades available in the shop and that they are not useful out of prison. Yet it is not the skills involved but the attitude the men develop toward work that is important. A realization of the necessity of work and a tolerance toward it are what the Clinton Diagnostic and Treatment Center is trying to develop. It seems to me that if the Center can enable a previously inconsistent worker to look more favorably on steady employment in the street, it will have accomplished a great deal.

MRS. KEITNER

I should emphasize that although Mr. Jennings speaks of a small sample, his results are much like those found in research on a larger scale. A persistent offender may have learned a number of trades inside and outside; still, he may not be able to use them. It is not the ability or the manual work that is the problem but the whole issue of accepting work as the only way to make a living. Obviously, if a man leads a life in which he wants to have everything he sees and cannot wait a few months or a year to have it, then he cannot usually earn enough money. So, everybody has to learn to postpone gratification, but waiting is precisely what the chronic offender has failed to learn. Since what he wants he wants immediately, the only way he can get large amounts of money quickly is through crime.

Another aspect much in accord with our findings in large-scale research is that either the chronic offender has had many jobs or he has had none. One man can pick up a job at any time, anywhere; he will leave it with the feeling that he can always pick up another, and somehow he always does. This man is unstable. The other man, afraid of failure, is too afraid even to try to get a job.

Another interesting question which has always been a controversial subject at the Center was raised: how does the shop help the persistent offender to change his attitude toward work? Some believe we should not force the persistent offender to do a job that he does not like or that he will not do when he leaves the Center. Mr. Jennings emphasized a different point of view: the shop and the work at the shop are two kinds of tools we can use to teach the persistent offender to do something even if he may not like it, to teach him to tolerate frustration on a job regardless of the job he might have. That is the reality he will have to face eventually. Very few persistent offenders will leave the Center or any institution and pick up the exact job that they want and like to do; even if one does, he might learn it anyway, as we have remarked.

Thus far, we have discussed two main areas that seem to me extremely important in the understanding and rehabilitation of the persistent offender, namely, the family background and the attitude toward work. Another area to investigate is how the persistent offender reacts to the treatment at the Dannemora Treatment Center in relation to the time he has spent at the Center. Mr. Terry Longto has looked into the matter of how the persistent offender perceives the Center after spending one month or an extended period of over a year there. How much time does the inmate really need before he can appreciate and react to the Center? I would like to ask Mr. Longto to report on his findings.

MR. LONGTO

Because I did not have the eighteen months necessary to follow through on individual inmates, I interviewed men who have been at the Center for varying lengths of time, one day to eighteen months. I found general patterns of behavior change and correlated each behavior pattern with a time period 1 to 5 months, 5 to 10 months, and 10 to 15 months and on. Standard questionnaires indicate that nine environmental factors have the greatest effect upon behavior change:

1) the inmate's view of the psychiatric staff and their effectiveness;
2) the inmate's view of the type of correction officer employed in the Center and his effectiveness;
3) the meaningfulness, if any, of work;
4) positive and negative points of leisure time;
5) positive and negative points of this therapy;
6) the success of the community meetings;
7) whether or not the inmate considers himself to have a major problem;
8) how he relates his problem to society;
9) in what way, if any, the inmate expresses his problem in the Center.

I found that those in the first group, that is, the inmates who have been there for up to five months, do not think that they have a very great problem. And, as one man put it, "How in hell is some psychiatrist supposed to tell me now that I am thirty-eight years old, that I do not know how to run my life?" Generally, they do not think that the psychiatric staff is effective. They think that the correction officer is there because it is a job and because he is not qualified for any other one. This same group of men regard the work as woman's work. It does not have any meaning, any use. This group, like all of the groups, has generally negative feelings about leisure time activities. There is a pervasive feeling that many of the activities such as ping pong and bowling are available only to a limited few or entirely unavailable. About 50 per cent of them see some value in group therapy after the third month. They think this is more effective than the community meetings because there are fewer people, usually between five and nine persons. Also, it is easier to go forward to bring out a problem. In community meetings, they feel that they often discuss an individual's problem for five minutes and spend the next thirty-five minutes talking about a laundry problem. As I noted before, the inmates in the first group do not feel that they have a major problem. It was not really their fault that they were involved in a homicide -- they were being attacked and were defending themselves; they did not really stab the candy store owner, it was an accident. Generally speaking, the individuals are relatively silent during the first period and do not feel that a great deal is accomplished. These are negative points, but as I questioned the inmates, they gave positive answers to questions when they thought I wanted them to.

In the second group of five to ten month Center inmates, a certain change has started to develop. They feel that the psychiatric staff has a positive interest in the inmate. They do not want to come out and admit that maybe they do not know how to run their lives, even though they are thirty-eight years old, so they may take the advice inwardly but not go along with it outwardly. They still refuse to admit that possibly they are wrong. With regard to the correction officer, the inmates' attitude again is starting to change. A few of the correction staff do have an interest in the inmates and will deal with them on a person-to-person basis rather than on a person-to-object one. Maybe they are qualified to be correction officers; maybe they could get other jobs but have an interest in this program.

A change is also evident in their attitude towards the meaningfulness of work. The men in this group feel that the reason for only one type of work is to develop patience. I asked, "Is work the only means of financial gratification?" In the first group, 70 per cent answered, "No." Evidently, they thought that money could be gained from means other than work. In the second group, only 40 per cent answered, "No," and 60 per cent answered, "Yes, work is the only answer." Apparently, they have started to change their attitude toward work: it is the means to financial gratification. They continue to feel negative about leisure time activities.

At this point they begin to feel that they might have a problem. Many of them start to realize that they know how to react toward hostility, but they have no idea how to react when someone is friendly to them. In the street, there is a set reaction to hostility -- one has the knife or the gun or the chain; but if someone is friendly, the inmate is at a loss. A member of this group expresses himself more often in the community meetings, although he will frequently express John Jones' problem much more adequately than he will express his own. If his own does come up, he will start to talk about the laundry sheets again. He is coming in conflict, however, and cooperation at the community meetings presents him with various problems. The meetings in this group are more effective for the individual than for one in the first group because he does become involved more often, but again, he can just stray off on insignificant problems. In the group therapy sessions, he is much more active, too. He is willing to spend fifteen or twenty minutes talking about himself, why he feels he cannot relate to society, what his problems are.

Over 90 per cent of the inmates who have been at the Center for approximately a year feel that the psychiatric staff is doing an excellent job. They feel that it is a much better situation than the prison, partially because there is a much higher proportion of staff to inmates. Many of them have formed relatively good friendships with correction officers. I think it is an understatement to say that their attitude towards the correction staff has changed quite a bit.

The attitude of the correction staff has also changed. I talked with correction officers who had worked in regular maximum security prisons and had then come to this Center. They told me that they are much more able to deal with the inmates as people, to talk with them without taking an automatic defense position.

Here again the attitude toward the meaningfulness of work has changed. About 70 per cent of the inmates in this group feel that by doing this work, even though they do not like to make boots and slippers, they are learning to do something they do not like and to endure it; they realize that, when they get out of the Diagnostic Center, they are not going to be able to walk into the fantasy world they used to live in and say, "I will take this job and it will be just what I want and I will make two hundred dollars a week." They realize now that they are not qualified for many jobs and that some jobs will be closed to them through discrimination. So, until they get something better, they feel that they have developed the patience to work at a job they may not particularly care for. Again, there is a negative reaction to leisure time activities.

The inmates have definitely decided by now that they have a major problem and are attempting to solve it, mostly through the group therapy sessions. Some of the inmates tend to be less active in community meetings again because they are too easily side-tracked. The best factor in the Center, they feel, is the group therapy because the groups are small. It is much easier to talk and to get something positive accomplished.

MRS. KEITNER

We administered a questionnaire much along the same lines as Mr. Longto's at the end of the first and second years at the Center. We asked how they felt about the officers, the professional staff, the different activities, and the program and whether there was a realtionship between their attitudes and the time they had spent at the Center. As a result of both questionnaries, we came to the conclusion that during their first year at the Center, the men are not quite able to see the therapeutic value of the different activities. There are several reasons. First, they have a very brief period of honeymoon during which the Center appears to be a very pleasant place to spend time because it offers more opportunities, better living arrangements, better food, and better relationships than regular prisons. The period between five and ten months becomes rather difficult because of interpersonal relationships and the constant pressure for therapy and change. It takes time before the inmates can adjust to these pressures. After one year, they can accept the total program, as it is, for their own therapy.

We can evaluate the level of adjustment and the level of the effect of the treatment by how the inmates relate to the individual therapy, the group therapy, and the community meetings. In the beginning, they like individual therapy because it is much easier to relate to one person. They eventually get used to and trust one person. Later on, they are able to participate in a group, which requires a higher level of ability. The top level of functioning and adjustment is reached when they see the therapeutic community as another step toward success. This requires dealing with a larger group, and in actual fact, when the man goes out into society, he must be able to relate to a much larger group than just one little group with which he feels most comfortable. Thus, these findings indicate that one year is the minimum time to be spent at the Center in order to achieve the best results.

Because the therapeutic community is a unique characteristic of the Center, at least in New York State, it was chosen as the next topic of discussion. I would like Mr. John Caramia to report the effect the therapeutic community has on inmates.

MR. CARAMIA

So far, we have discussed the chronic offender's background and his reactions to the Center. I will briefly discuss the community meeting, an important part of the program at the Center.

As stated by Maxwell Jones in his book, The Therapeutic Community, the purposes of the community meetings are:

1) to provide a place where individuals can reproduce their own particular emotional patterns.
2) to compare these individual responses with the responses of other individuals. There is an awareness of what pattern appears to meet with the greatest approval from the group.
3) to teach new methods for reacting to a situation or problem. New attitudes are learned with a possibility of a change in the life pattern. The meetings have a socializing value.

In order to gain insight into the community meetings at the Center, I attended various meetings and talked with staff members, officers, and inmates. There are two units at the Center. I attended six meetings in Unit I and one meeting in Unit II, while a friend of mine attended six meetings in Unit II and one meeting in Unit I, after which we discussed our experiences and the opinions we formed about the role of these meetings. From these discussions, I have noticed various differences in the meetings: the physical setting, the way the meetings are conducted, the role of the professional staff, and the part played by the officers. I do not know the therapeutic values of these differences, but it is interesting to note their presence because they do have some effect on the inmates.

The topics for these meetings are usually brought up by the inmates and cover a wide range. Such things as work conditions, food conditions, and complaints about the program are discussed. At other times, personal problems dealing with living in a community setting are brought to the floor. Many of the minor problems are discussed to hide underlying problems. One may ask, "Why bother with these seemingly meaningless topics?" Yet, I feel they are important because they get the inmates to talk and interact with others. The community meeting serves as the first step in social interaction, in relating to a group situation where the group consensus becomes more important than the individual desire. As time goes on, the inmates are better able to cope with a group situation; deep-seated problems are brought to the surface, where they can be dealt with more freely and openly.

The inmates I talked to liked the meetings and found them beneficial, although they tend to dislike the meetings in which small problems come up. When trivialities are discussed in the meeting, one can observe the restlessness and wandering attention. When significant problems are brought up, there is greater interest; the men relate to each other and to the problem at hand.

I can conclude from my limited observations that these meetings are an important part of the program. First, they give the inmate a chance to work through his emotional problems, to try to find himself. Second, the inmates learn socially-approved behavior. Once they are back on the street, they will be better able to cope with group pressure.

MRS. KEITNER

What should be the topic for community meetings? Should it be the general problems of the community or should it deal with individual problems or should it be a combination of both? I am not sure now whether the differences between Unit I and Unit II exist because the topic was chosen differently or because the meeting was run differently, but whichever, the importance of community meeting should be emphasized.

Because both staff and inmates have found it painful to face community meetings day after day, a major topic of discussion has been whether to have a community meeting every day or just once or twice a week. It was not easy to participate at first, but it was felt that the Treatment Center would survive only if we were able to insist on having community meetings daily. One of the questions asked of the inmates in the early questionnaire was: "Do you agree to have community meetings daily, or would you rather have fewer?" By that time, about 85 per cent of the inmates had recognized the importance of the meetings, although they may not have liked them. They agreed that we should have community meetings daily. It became a matter of "we know we need them, but we do not know just yet how to use them." This is an area in which further clarification is needed.

This concludes our presentation. We have investigated the chronic offender, his background, and his relation to the Center and perhaps have answered some of your questions. I hope someday to report further advancements in this field.

THE CENTER REPORTED FROM WITHIN

Peter Martin, Moderator

MR. MARTIN

Two years ago, I was hired by McGill University to work as a psychometrician, doing control and experimental testing in various New York State prisons. Now, as a research scientist with the New York State Department of Correction, I handle group therapy and some community meetings and do research in psychological testing. I hope to get a Ph.D. in Criminology next year. With the help of the Center graduates and officers I have with me here, I hope to give you an idea of what the Center program involves.

MR. CASEY

I have been working for twenty years in Green Haven and Clinton Prisons, the Dannemora State Hospital, and presently the Diagnostic and Treatment Center. Art Rabideau and I are hospital correction officers, which means that we are industrial shop foremen and inmate counselors as well as correction officers.

MR. RABIDEAU

The sixteen years I have worked for the Department include time at Mattawan and Dannemora State Hospital and two and one half years at the Center. There, I coordinate the activities between the inmates and the officers.

MR. McCABE

I graduated from the Center in December of last year after being there for approximately nine months. My background and criminal activities would cause me to be classified as a chronic offender. Since I was twelve years old, I have been in and out of institutions, reformitories, and state prisons for about seventeen years. My crimes vary from burglary to petty larceny to armed robbery.

MR. VEALE

I started criminal activities when I was about twenty five years old. My first offense was assaulting a police officer. I got seven and one half to fifteen years for my next offense, armed robbery. I did six years at Dannemora and another eighteen months at the Diagnostic and Treatment Center.

MR. MARTIN

We have a team approach at the Center. When we first say that, most people think we mean a professional team consisting of psychiatrist, psychologist, social worker, and correction officer. What we mean by team also includes the inmate himself. Without the inmate being a part of the team, the other parts of the team wouldn't be very effective. Certainly, it's a change to involve inmate and officer in a program. Let's investigate how the inmate regards this involvement. Art, what were some of your reactions when you first joined the program?

MR. McCABE

After I'd done ten years at Sing Sing, I violated my parole by committing petty larceny. When I arrived at the county jail, I asked myself a question for the first time in my life. I asked, "All of my life, I've been trouble. I have a wife and four children, which I always said I wanted, but I still got into trouble. Why?" I didn't have an answer to my question and I didn't know where to look for one. Then, while I was at Nassau County Jail on Long Island, a graduate from this Center explained to me what they were doing in Dannemora. When I returned to Sing Sing, I asked the parole board to send me up here to the Center, and they did.

When I first arrived, although I had heard so much about it, I was shocked. I've been in prisons most of my life, but the Center with its open housing and community living was different from all of them. I was taken aback as far as the inmates, staff, and officers were concerned. In a prison, you don't socialize with officers, but not at the Center. It took me at least a month and a half to get the feel of the place and to find out what was going on.

MR. MARTIN

John, you were one of the original men who came to the Center. You went through some of the same growing pains that the staff did in getting the program going. What were some of your feelings about the program as you got into it?

MR. VEALE

Unlike Art, I didn't realize that I had any particular problems when I came here and I had no idea what I was getting into when I volunteered. The parole officer called me up and asked me if I wanted to participate in this program. Since I couldn't tell him that I didn't want to help myself, I volunteered. After two or three months in the program, I wanted to leave. I was suspicious and didn't trust anyone. My reactions to the pressures on me made me think I was getting soft. After about six months, I got involved in the program and learned a lot about myself.

MR. MARTIN

You said that pressures started to build up. To an outsider, first glance would show a situation quite different. The men are free until eleven o'clock at night. They can watch television, bowl, play ping pong with the officers. I think we have everything but hot-and-cold-running maids. Yet, apparently it did get difficult for you. Maybe half of our men think of going back to prison at one time or another. What is it that makes it tough?

MR. VEALE

Community living is what makes it hard. In prison, you shut the door and leave your problems in the yard, but in a community, you have to face up to your problems every day. Somebody is always bringing them to you. You find out you have been living a life outside of your problems all along.

MR. MARTIN

Now let's look at the program from the officers' point of view. Art, I think it was also difficult for you in switching from what you were used to, to the sort of program we have.

MR. RABIDEAU

I spent fourteen years as a prison correction officer, fourteen years full of suspicion, and it wasn't all on the inmates' side. After every move that an inmate makes, I looked at him and asked why he made it. When we had out training program before opening the Center, we were told to accept the move as just an honest move. That's a hard adjustment to make. Once in a while, even now, I feel like reverting back to the old correction officers' system of locking the man up instead of trying to find out why he's doing things and instead of accepting his behavior as normal.

MR. CASEY

The word suspicious has been mentioned several times. John, you were suspicious when you came to the Center and the officers were friendly. As for us officers, we never before knew the meaning of the words: tolerance, acceptance, understanding. In other words, we never treated people, no matter who they were, as human beings. That has been done somewhat in the prisons, but we are stepping even closer to understanding at the Center.

MR. MARTIN

Art, you are a member of the inmate reception committee. Why don't you tell the audience how our reception for the new inmate functions now? What does the reception do towards his involvement in the program?

MR. RABIDEAU

The reception is an important aspect of the program. When a new man comes into the Center, he is suspicious. He doesn't know what's going on. He doesn't trust anybody. As you said, he's a chronic offender with a satan self-image of himself. Then he is greeted by Mr. Derby, Art Rabideau, Mr. Burke, Captain Wald, and three or four of the inmates from the unit the man is joining. All of us sit down with him and explain the entire program to him in a brief session. When the new inmate hears about the program from other inmates, he loosens up and gains a little confidence.

MR. MARTIN

John, what aspects of the program did you find to be most difficult to adapt to?

MR. VEALE

My first problem was to adjust my relationship with the officers. I'd be walking down the corridor and a staff member would smile and say, "Hi, John." I'd look at him and call him a few names under my breath. I didn't like them and I thought they didn't like me. I finally began to realize, however, that they were trying to do the best they could. They had their problems and I had mine. My biggest problem, though, was facing myself. I wanted to leave when I realized I had a problem but didn't want to admit it to myself.

MR. MARTIN

We frequently have outside visitors at the Center. Wednesday night, we have speakers who come in to lecture on everyday living. The speaker could be anyone, a lawyer, a fireman, an artist, an instructor from the college. We've had visitors many times in community meetings and group therapy, too. It might seem to be quite a threat to the penal system to bring a woman in, especially now with miniskirts. Everyone worries about it, but we haven't had any incidents so far. The inmates handle themselves very well. I'd like to ask both of you, Art and John, what your reaction was to having visitors from the outside.

MR. McCABE

Although we do have a lot of privileges at the Center, we do have terrific pressures. As I have said, all of the men have self-images. At the Center, they try to knock this image down; they try to get you to come face to face with yourself as a person. This is a very painful and difficult thing to do, because no one likes to look at his weak points. We all like to think that we're the perfect individual and we don't like to look at the other side of the coin. At the Center, they try to get you to look at the other side of the coin to help you get a better understanding of yourself. Having outside visitors brings a man closer to reality. He relaxes more and he gains confidence in himself as a real person, too.

MR. VEALE

I have to agree with Art to a certain extent, but when they first came in, I felt a little resentment. I was glad to see that someone else was interested, but I still felt resentment. It is the only way the community can find out what's going on, though. I felt as if I were in a cage with people looking in.

MR. MARTIN

One of the characteristics of the Center is its relatively free environment. We have removed as many restrictions as we reasonably can. To many outsiders, this means we're being easy on the men, but there is a reason for removing restrictions: we want to see how each man reacts when he's not under the pressure of threat or punishment; we want to see the natural man.

Many people wonder how we can run an institution like this without discipline. Art, you've been a charge officer, and, in fact, you were the one who started our new unit two. Can you tell the audience how you handle the disciplinary problems, the work problems, the everyday problems of living that your men have?

MR. RABIDEAU

I try to get the officers to confront the men as much as possible. When a man doesn't go to work, an officer asks him, "Why?" He can usually talk to the man and handle his problem then. If it's too large for him to handle, he hands it on to the therapist, most of our problems can be handled on the officer level.

MR. CASEY

If any of us don't fulfull our job requirements, the boss can fire us. Cases at the Center are treated differently. Occasionally, I will dismiss someone and send him back to the unit. Although they try to pin me down with the question, "Are you firing me?" this is not actually firing. Some think of it as a good rest for a few days, but we see the "rest" as an opportunity to start thinking: "Why did I affect the boss the way I did? What's happening between us?" Sometimes he will delve into the problem for a week before he will ask to come back to work. We'll talk with him and sometimes take him back on a probationary period and sometimes put him right back to work. We have found that not firing the men works in most cases, although sometimes a man has been dismissed three or four times.

At first, I ran for help from the staff. I'd say, "Seven or eight aren't working today," and I always got the surest look in return. "If you men want them to work, we can make them by going back to the punitive method, but we have been able to solve our problems with our new methods."

In any strict prison system, discipline starts with a written-up disciplinary report. Then the man goes before the duputy warden and his court. At the Center, we've had relatively few disciplinary reports, fewer than a dozen in the thirty months that we've been operating. This hinges on a uniqueness of the Center: confronting the man, trying to find out the motivation for the act. Other than directly confronting him, we can take his infringement to a community meeting. We meet, sixty or seventy of us including the inmates, to find out why. We recently had two men fight; before the incident was written up, it came out at the community meeting. We tried to find out what motivated it, whether or not it happened on the spur of the moment, whether or not the quarrel had been going on for two or three months. Maybe the instigator was rejected by someone else. These community meetings are a good way to thrash out problems.

MR. RABIDEAU

If someone feels tensions building up, it's his responsibility to bring them out at the community meeting. The tensions can usually be dropped then, but they cannot be resolved there or anywhere unless you are honest. If you're not honest with these men, they know right away.

MR. MARTIN

There are two aspects of our program not geared for the individual on the street. The ordinary citizen who goes to a psychotherapist goes voluntarily because he feels some problem within himself for which he wants help. The type of men that we get are acting out personalities. They don't feel their problem so much inside because they act it out. Everyone else around them suffers, but they don't realize that they suffer themselves by going to prison. One aspect of our program is to make them aware of it by confronting them with the difficulties of living. For example, every man is expected to go to work, but no one rings a bell, grabs him by the back of the neck, and says, "Go to work." Work begins in the shop at eight o'clock, and we sit back and see who is able to get there on his own initiative. If a man is not able to function on his own, we confront him individually or en masse; we hold a mirror up to him. Little by little, this gets to him, particularly when his peers confront him with his own maladaptive ways of reacting. At this point, the man is ready to utilize his individual therapy, his group therapy, and his sociogram.

Many of the college coordinate programs we have--art, sports, music, drama--are used in the same diagnostic way. In fact, I think we first got a good look at John here on the basketball court. The way he handled himself on the basketball court gave us a clue to his problem of hostility and anger.

Another aspect of our program, the racial situation, is important. John, how did you find the racial relations in the Center?

MR. VEALE

The racial situation in the Center isn't quite as bad as it is in prison, but there was a little tension at first. We used to discuss it in small groups, but no one broached it publicly. A long time passed before the subject was brought up, and I was involved in it. Everybody was watching a television program. When I went in, I said, "What's on?" Someone answered, "This is the most beautiful girl in the world contest." I said, "I don't see any black women on there." Nobody said anything. It got quiet. I said, "It's not the most beautiful girl in the world contest to me," and I left. The next day, they brought me up on the floor and said I was prejudiced. We started talking about it then, and things leveled off a little bit.

MR. MARTIN

Ray, I'd like to ask you a question. In prison, the officer wears the uniform and the inmate is expected to show him all due respect and courtesy. In the Center, we have a relatively free environment; the inmate is free to say whatever he thinks, and many have taken full advantage of that fact. As the shop foreman, you have been blasted frequently. Thus, it is as difficult for the officer as it is for the inmate to come into this new environment. Could you tell us your experience in this area and what it means to you in the final analysis?

MR. CASEY

I think the greatest thing that could happen to any officer working in a correction institution anywhere would be to go through what we've gone through in the last thirty months. My work doesn't end at four o'clock when I go home, unfortunately--my wife can vouch for that. I wake up in the middle of the night and start thinking, "How am I going to handle this problem in the morning?" We convey this feeling of involvement to the inmates. It's a frustrating job, but I'll say one thing: it's rewarding. And when the other officers and I go to pick up our paychecks every other Thursday, we know that we've earned it.

MR. McCABE

As Ray Casey says, he's in a position where he's sometimes the scapegoat. In the community meetings, the men talk about incidental things that don't really mean anything because they don't want to talk about themselves. This is why they might mention what he said or did. When I was there, he was on the floor four weeks in a row--no one wanted to talk about his own problems.

Acting as scapegoat adds to the frustrations of the job, but I think he and everybody else at the Center are really interested in the men there. This interest is something I had never felt before in my life from anybody. I never trusted people; I figured that I could always handle my own problems, that I didn't need anybody. When people show a sincere interest in you, you have to stop and take stock of your feelings. You have to look at yourself.

MR. MARTIN

To conclude, I'd like to ask Art and John whether they have any difficult or tense moments now that they are out. How are you doing, John?

MR. VEALE

When I left thirteen months ago, I went to a strange town. I had never been there before; I didn't know anyone; it was rough for the first two or three months. In fact, I did call Mr. Derby a couple of times.

MR. McCABE

When I graduated from the Center in December, I had a big adjustment to make. My wife was and is under the care of a psychiatrist. For the first three months that I was home, she and I went to an analyst once a week; we had two-hour sessions until she was able to come off medication and get along all right. As a team, we tried to work things out.

Prior to my violation, I had been selling office equipment for a New York firm. I had never done anything like that before--I worked on construction most of my life--and I liked it. So I called up my old boss and asked him for a reference to go back into selling; he told me to come down and speak to him, which I did, and he hired me. I am very happy to say that I have been working for six months and am doing very well. My wife and I just opened a boutique shop on Long Island; I also plan to open my own branch of office equipment.

Everything is not peaches and cream--by no means. We still have our ups and downs. If anything should happen, we have a standing invitation from the analyst, and we need to talk to him about our problems, that is just what we're going to do. There will be hard times as well as good, and my wife and I am ready to face them.

ON PSYCHOPATHY, DIAGNOSIS, AND TREATMENT

Georg K. Stuerup

Since psychiatrists themselves disagree on the concept of psychopathy, it is no wonder that the concept has been greatly misused by people. This situation is partly due to a one-sided view of behavior disorders--we forget that behavior is an interpersonal activity. Disharmony of a person's personality structure has a tendency to get the person into trouble. Such insufficiency of the personality, as seen in relation to his actual situation, will always cause great inconvenience to himself and to others. To diagnose and treat--rehabilitate--such persons is one of the objects of forensic psychiatry.

When we are evaluating a person accused for some antisocial or criminal act, we have before us only one part of the situational accident or series of accidents; we have our concepts of what he has experienced and what we expect him to have experienced. He may to us be immature, unbalanced, spineless, sometimes unintelligent, adrift. Perhaps he deviates so clearly in his interpersonal relations that he himself has no reason to feel solidarity with society at large, perhaps not even with his own basic subculture. We do not call him a psychopath, but diagnose, purely phenomenologically, an insufficiency in his personality, knowing that this says nothing about the etiology.

In many cases we find what we could call a characteristic life history. He may have been spoiled in early family life or he may have had no family life at all. He may have considered himself an outcast, one of those unhappy people who find it easier to develop relations with people who are also outcasts.

In authoritarian institutions--still too common--children and juveniles develop an anti-authoritarian point of view but do not acquire a true democratic training. Youngsters who grow up in such institutions may increase their rate of interpersonal interaction with people of their own kind, which causes difficulties in their relation to conventional citizens and assists in developing a special subculture.

A uniform culture is spreading from one nation to the next, the world is becoming narrower. The environment with its economic, political, and spiritual aspects influences us all, but the structure of support, training, and inspiration may be received very differently by different persons with different hereditary backgrounds, intelligence, somatic state, social and economic status, and other personality variables. Our criminal patients (or clients, which we prefer to call them) very often have been stimulated by these different variables in their feeling of not belonging to any of the socially living groups.

Terminology has created difficulties, as seen from a classic diagnostic point of view, and this influences our therapeutic activities. In my opinion, we should neither say that a person has a neurosis nor that he has a personality disorder. These people are demonstrating a special life pattern: they are neurotics, or they are personality deviates. We have to assist these persons in better understanding themselves and their needs; we must support and educate, using our own interpersonal relations with our clients for success. It may be practical to attempt to delimitate a group of neurotic states--too commonly called "diseases"--especially fit for this type of treatment, and perhaps we can also continue to use the slogan psychopathies or sociopathies for another group, which is in need of a type of treatment very different from what is suitable for the neurotic person. The terms are not what matters.

In the group labeled criminal in psychoanalytic terminology, we can find people who get gratification of the "symptom of stealing" through

a) the dispelling of feeling of loss by gaining an object,

b) gratification through the act itself, or

c) gratification of dependent wishes by going to jail.[1]

If a "neurotic" of this group has to be institutionalized, he would do better in a structured institution; too much permissiveness makes daily life more difficult for him. I have found that this group of "neurotics" is very small, however.

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[1] Seymour Boorstein. The Psychoanalytic Forum, II (1967).

The chronic criminals, classified as having special behavior disorders, have to a high degree developed their criminal pattern as a result of the way society has handled their deviation.[2] They tend to have had a poor childhood with inter-family problems, but not all have been in that situation. Many of them--especially some of the supposedly most dangerous group--clearly have developed their deviant pattern of behavior after a serious criminal deed as a secondary reaction to the realization, "I am now a rapist," "I am now a murderer," "I am now a criminal."

It is always difficult to distinguish between the various types of neurotics, and it is often necessary to rely upon the relative severity of the particular symptom amongst the many which are commonly present in the majority of such patients. Some autoplastic symptoms dominate in one period and other symptoms dominate in other periods of the neurotic's life career. The same is true for the sociopathic behavior disorders. Here I want to stress that, during the life career of a chronic criminal, the characteristic alloplastic symptoms may be substituted with autoplastic ones, i.e. in some cases a clear hypochondriasis, and this is a sign that the treatment is working and that the psychotherapeutic technique has to be adapted to a new situation.

The deciding factor in diagnosis[3] besides the phenomenological description of actual autoplastic or alloplastic symptoms is relative severity rather than presence or absence of a special symptom.

> Time duration may be crucial in making distinction between some types of neurosis and a personality disorder. The judgments of severity and duration instanced above are of a particularly difficult nature, since they require the observer to impose cutting-off points and discontinuities upon what may appear to be continuous data, rather than to merely identify discontinuities which are already there. This doubtless makes an important contribution to the unreliability of these diagnostic categories.

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[2] G. K. Stuerup. Treating the "Untreatable" Chronic Criminals at Herstedvester, Denmark. (Baltimore: Johns Hopkins Press, 1968).

[3] M. Shepherd et al. An Experimental Approach to Psychiatric Diagnosis. (Munksgaard, Copenhagen, 1968), p. 24.

So far in full agreement with Shepherd et al., I find it necessary to expand, making separate statements not only about symptoms, personality, and intelligence in each case suffering from behavior disorders but also about the social situation as experienced by the observed and by the observer. Despite the fact that an adequate terminology for such an endeavor is not yet at hand, we must try diagnostically to grasp in a single totality not only the personality elements of the usual type but also all of the psychosomatic and social elements. There is only a relative stability in the pattern of reaction in all people, inmates as well as ourselves. The consequence of this is that we may not be able to differentiate sharply between the diagnostic and therapeutic phases of the treatment process. There will be a constant alternation between these depending upon varied situations and varied perceptions of these.

In any situation--including the diagnostic-therapeutic--the participants influence each other. Both use defense mechanisms, which in patients may be considered new symptoms. The therapist does not always observe his own defense mechanisms, but it is not uncommon for the personality deviate client to perceive these "weaknesses" and to use these new elements in the interpersonal activities. In that situation, the changes of behavior in the therapist's pattern are not called symptoms. But the balance is upset, and the situation calls for new reactions adequate to the new situation.

Instead of abstract and insufficient struggle for verbal diagnoses defining persons with more serious behavior disorders as sociopaths and untreatables, we may attempt to build up in institutions for this kind of criminal a concrete therapeutic activity . This must be based on an engaged interaction between inmate and staff members, specially-trained psychologists, teachers, social assistants, nurses, psychiatrists, and non-academic people. The institution must be small.

The therapy deals with human relations. The crucial question in using these relations is not "What does the law or the regulation say?" but "Who is to be helped? What is useful and necessary for the sake of our charges?" We have for many years used what I call an individualized integrating growth therapy. The "rulers" are usually followed, but we sometimes make a new "rule" covering a special therapeutic situation, describable to staff as well as to inmates. These remarks are in full agreement with our primary duties to protect society against the danger to other people's safety and health which the inmate's freedom would create. It is neither good for him nor for society if he does not learn to manage life without crime. The main burden of this work towards growth of his personality falls upon the inmate himself. It is his future which is at stake and we have to assist him with criticism as well as with support.

All members of the staff must be very flexible in the various situations; individual contacts and group work are both of value. Sometimes the therapist may even need to resist the development of formal psychotherapeutical situations in order to help the criminal in his endeavors towards independence and self-respect. I can illustrate what I mean here with an example of extremely untraditional use of an extraordinary situation:

An alcoholic, a chronic thief with reasonably good possibilities for managing a job as a workman, a man who had been resisting for a long time all attempts to help him, would not contact either his therapist or the social assistant to plan his parole. I met him at the hobby shop on his ward, got him involved in a conversation, and told him that we would suggest to the court that he be paroled with as few conditions as possible. He himself could go out during the daytime to find work and lodging. He then exclaimed with clear anxiety that he needed to have an officer with him to assist him--it would be too difficult to do it alone. He certainly wanted to be forced to behave as a nondrinking member of the factory where he hoped to be employed. He thus clearly demonstrated that he had acquired much better understanding of his own pattern of behavior, which could then be taken up for further discussion but which was not in itself any guarantee that he could change his life pattern.

In this and in many other cases, we need to help our inmates realize that it is normal to feel insecure and to feel lonely and that it is normal to call for assistance after parole.

Another element of our treatment process is then the continuous assistance of the inmates in the institution and in the period of parole afterwards. In order to develop a therapeutic climate in a closed institution, it is necessary that the staff realize the life situations of their charges. Only through this will they be able to counteract the harm inherent in the legal procedure as well as in the penal system, even in the best one organized. Criminals will often need a great deal of special assistance in order to recover and return to a social and bearable life after serving a sentence, especially if they have spent years in one of the big institutions. Because of their necessary mechanization and their very size, these Bastille-like institutions further reduce the self-respect of the inmate. In such institutions with a limited staff, it is impossible to develop what psychologists call "primary interpersonal relations" between staff and inmates.

We must learn the dynamics of different situations relative to the demands of human needs, including those others may place upon the prisoner and those he places upon him himself. These must be related to his accessible mental resources, his physical and mental potentialities, and the situation he may be in at the actual time. If the demand placed on his own abilities is proportionally higher than the accessible human resources at his command, then the person will be in what I have termed his insufficiency area. We have then two possibilities, both of which we may use. We can through psychotherapy and social learning attempt better accessibility to his resources; for example, we can overcome a reading disability. Another way is to encourage in the inmate a realistic outlook upon his immediate future, especially upon the varying demands with which he may be confronted. These demands must be related to what is expected of him and his own perception of what is expected of him. It is necessary to accept the social limitation actually imposed on former criminals. The regained freedom can be a heavy burden.

A former detainee told me on one occasion that he was longing to "go home to Herstedvester," where it would not be necessary to "think too much about your behavior," where he could feel authorized to act as uninhibited as he pleased, as psychopathic as he felt that the moment demanded. The inmate who told me this probably believed that it was his own self that was speaking. But this self is no more real than those other selves, acting in other situations, where other resources may be required.

In all this, we must not forget that it is not only our individually-experienced situations that are changing from moment to moment; the moral values of the society, of which we are all parts, are also changing. In the period ending with the forties, during the War and the years after when the basis of the Herstedvester system was developed, there was a much stricter morality, a much stronger tendency to react against any sort of deviancy. This may be related to the special situation we were in. For the courts, it was not necessary that the actual crimes committed in that period should be very severe. The serious deviancy--an insufficiency of character--was more important. The seriousness of the crime record of our inmates was commonly smaller than what we find now. Especially for the very psychopathological group that we had to treat in that early period there were great possibilities for breaking the bad circle. In the so-called welfare society of modern years, there has been a greater tendency to concentrate on the right of the individual, specifically, on the right of the individual criminal to misbehave and "provoke." The duties of the individual citizens has not been stressed. Some of these rights are, to my opinion, overplayed by a small but loud faction of the public defenders, who are more or less naive and who more or less attempt to destroy the actual legal system, a tendency directly expressed by one of them. This has led to newspaper attacks against all parts of the repressive legal system and probably also to pressing out further the limit for what is called "psychopathic" deviancy.

The daily newspapers are seen by all inmates without any censorship. A few of the newspapers do not attempt to control the correctness of the information given to the public and such wrong impressions may often be difficult to correct; therefore, the therapeutic climate in the institution is sometimes difficult to keep.

The treatment program for criminals is clearly a part of the social system; with economic and moral support from the society at large, the inmates can be helped to stop breaking the law. Our experience--how we in the Danish society during the last 27 years have proceeded--cannot be exported, however. What can be exported is the basic point of view: nearly all chronic criminals need assistance. Such assistance has to be realistic without the slightest hint of sentimentality. It has to be based on an integration of all of the inmate's experiences, in the ward, in the workshop, at school, together with his contact--direct and indirect--with the therapist. All of this must be integrated with what happens in the parole period. This suggests the value of having the treatment institution placed in urban areas. If you individualize sufficiently, i.e. if you experiment with more and more freedom inside the limits of security, good results may be obtained. Further, it is necessary to guarantee a continuity in the treatment process. Some of the inmates may have good help through working outside the institution in a period before they are paroled. In such a period, they slowly learn or re-learn how to live an ordinary social life without being too afraid of "going wrong." The contact with the social assistant is strengthened during this phase. In the neighborhood of our institution, we until now have had very good help from factories which have employed our inmates. It is perhaps a little more difficult for an inmate to hide his situation from his comrades, but such difficulties he must learn to face.

Finally, only about ten per cent of our most difficult group, the property criminals, were still in a criminal treatment situation ten years after they were received for the first time in the Herstedvester Detention Center.

SHOULD THE DANNEMORA DESIGN BE EXTENDED TO OTHER PRISONS?

William Derby, Moderator

DR. CORMIER

The future of such an experimentation is to be based on its own results, that is, on the evaluation of the work that has been done during the past two years. Undoubtedly, this will come soon since we are now tabulating the results of the first fifty inmates released. I would like, however, to point out that clinical results are not to be judged only by total failure or total success: there is something in between. I think that this program for the persistent offender, whom we previously gave up, is an important experiment.

The greatest result achieved now in Clinton is the fact that we have proven that we can run an institution not based on detention in the cell for most of the day; we can count on the men to be orderly, even though they can stay out most of the day during the weekend. This type of experimentation is only the prototype of future planning in prisons. The whole question is not whether to deprive someone of his liberty is acceptable but what to do once he is deprived of liberty. One of our aims in planning this program was to make sure that deprivation of liberty was not deprivation of responsibility, and we tried to plan the whole program accordingly.

DR. STUERUP

Our approach in Denmark is along a different line. The courts select for us a group of inmates who are supposed to be unfit for counseling. The selecting is based on the old-fashioned way of seeing the psychological abnormality as something peculiar to this group of people; forgotten is the fact that this type of abnormality in behavior may be a result of former treatment, in juvenile institutions, in court, and in prison. People who have these secondary reactions need special help, so I think that your idea of selecting them not as so-called psychopaths is valuable and will perhaps open up the field for treatment.

On the other hand, we should not forget that not everyone needs psychiatric treatment from the beginning but may need a humane and understanding support. These supports may be supplied by ordinary people with no academic career behind them. Non-academic people are sometime better to use, as has been seen in the Clinton experiment. Direct inmate-to-inmate contact is extremely important. There is a definite future to this philosophy. Our system in Denmark has been working since 1933. The Danish system has been copied in Sweden and Norway, and the British have a clinic which, like the Dutch one, is based on the same philosophy as the Clinton experiment. We should not oversell what is happening, however, but should be satisfied when people who have failed the rules meet them.

I am not very impressed with the physical setup at Dannemora. Why does the United States have to use the iron she finds in such large amounts? We in Denmark have to import all of our iron, so we have not been able to afford to put as much iron in the institutions as you have over here. That also forced us to use more open sections -- we do not have fortresses.

In 1944, when the police were away in German concentration camps, we opened a farm five miles away from the center of Copenhagen. During the eight months we had no police, no one escaped. We were able to run a clinic with the type of criminals who are supposed to be the worst of the worst, the so-called untreatables. Future experimentation should likewise involve difficult cases, because then people cannot attribute our results to the fact that we picked the cream.

MR. DERBY

I think it is important to notice that Dr. Stuerup considers the inmate himself as one very important member of the treatment team. That is certainly the basic concept we are using at the Center. Also, in his recently published book, Violent Men, based on the study of violence in California, Dr. Toch relied on the violent man himself as the primary interviewer. He utilized the very people who were the subject of the study as part of the research team and I think he found a therapeutic value in including these people as part of the research team.

DR. TOCH

I feel both handicapped and privileged because my information about what is going on comes from secondary sources; I can speak with blissful ignorance. It seems to me, from what little I know about the Dannemora experiment, that it does embody several of the trends which I suspect we will see more in time. For one, I think that the emphasis on therapeutic communities is going to burgeon, but I also suspect that the shape that this kind of development takes at present is only the tiniest hint of the plan we are going to develop in time. I think we are going to get all kinds of client (inmate) involvement in the process of rehabilitation. I think we are going to see this for several reasons, not the least of which is that the therapeutic community seems to work better than the conventional medical model or custodial model that we are used to simply because people are more susceptible to change if they are involved, not as objects, but as subjects in the change process. They are also more likely to change if they understand the process as it goes on. I do not think that we have to be secretive about giving them information about what is happening to them, what we know about them, how we want them to change; we should actually involve them in developing strategies for their own and each other's change.

For instance, in working with dangerous inmates as research helpers, I think that the sharing of diagnostic information with the patient, far from being a kind of taboo, ought to be a powerful first step towards the gaining of insight, a step which would short-circuit a great deal of brainwashing that is intended to help people guess what we think they are like in a very circuitous way. I speak from experience. We had people working as research collaborators who were also subjects of our inquiry; several of them had extremely violent records. In the course of analyzing information, they participated in the analysis of their own interviews. We discovered that they could contribute very usefully, but this makes sense -- who should be able to make sense out of an interview better than the person being interviewed? In addition to this, we discovered that we had all kinds of impacts on them, some of which were quite dramatic. To be sure, giving a person a way to discover things about himself is only a first step. But then, when we worked with these people in groups, we developed a great deal of pressure in favor of change, just as it is happening here.

In addition to insights, the subjects also develop the desire to do something about the adverse information they get about themselves. Then, they can be involved in thinking through ways of changing in desirable directions. This, to some extent, is taking risks. You have to leave to the spontaneous group process much that you would like to engineer. But my hunch is that we are able to afford this more and more as we feel less and less insecure about our own professional goals. Let us face it. Deep down inside, we know that we know nothing, and this makes us very protective of our own expertise. As a result, we have to go through a lot of motions that I think we will be able to dispense with.

Another trend which both Dr. Cormier and Dr. Stuerup have referred to is that of minimizing deprivation. I honestly feel that we can afford all kinds of combinations of institutionalization and community activity and belonging. Right now, I understand that inmates go out on weekends. I would see situations in which all kinds of furlough arrangements are tailor-made to the person and integrated into his institutional treatment. I have seen some of this in Scandinavia and was impressed, but they were quite cautious. I suspect we are going to find ourselves taking more and more risks in this area as we feel less and less insecure about our custodial functions.

There are several practical problems. For one, we are going to have to work out new rules for people if we are going to do this in therapy with them. If we are going to force a person to abandon destructive antisocial interpersonal strategies, we have to provide him with ways to develop meaningful new life patterns of the kind that are not yet at our disposal. This presupposes a lot of social change surrounding the therapeutic effort. We need many new roles for ex-offenders to substitute for the antisocial careers. Also, we are going to face civil liberties problems. For instance, at the moment, except for the bold experiments like Dr. Stuerup's, there is some danger of putting people together in a kind of institutional garbage pail. It is very easy to just take all people about whom the parole board feels uneasy and put them together. You can find situations where bizzare sex offenders, multiple-murderers, and good professional armed robbers are all in the same program. What we require are more meaningful kinds of grouping procedures, but these involve some civil liberties problems because you have to get the person to cooperate in getting information about himself prior to his disposition by the judge. This means that, to some extent, you are involved in self-incrimination possibilities.

If we are going to make any headway in intensive group effort programs, the staff has to participate on a man-to-man basis with the client, which means they are going to find themselves involved in reversal situations. I am not quite sure how easy this is going to be to handle.

As a kind of final comment, let me say that we ought to look to some other kinds of intensive social change in the individual change processes that go on around us for guidance rather than rely on our correctional and medical background. One model that always appealed to me is the religious model. It seems to me that a lot can be done if we think of being engaged in efforts to convert people whom we then send out as missionaries. That kind of situation faces you when an ex-inmate says, "I took part in this magnificent program and it did wonderful things for me." While the "converts" do "missionary" work, they are going to remain very much part of the movement and very much changed.

DR. CORMIER

Maybe further on, you and I will discover that we are on the same footing, but for the sake of discussion, I would like to make some objections. First, I strongly object to the assertion that, at least from the psychiatric point of view, we cannot sit and just say in front of the offender that we know nothing. Actually, we have never used the knowledge we have for the treatment of the offender. There is a lot to be known, a lot to be discovered, but we must first use what we have got. When we did that in mental hospitals, we did achieve something. I can name only four or five centers in the world in which the knowledge we have is systematically used.

We need to study the question of segregation, too. For the past twenty or twenty-five years, there was a tendency towards forming special institutions for sex offenders, special institutions for dangerous offenders, special institutions for the drug addicts, as if all these men had a special pathology. This is not so. Now, these specialized institutions are on trial. As a matter of fact, among our own persistent offenders -- for example, those who are not sex offenders -- we find that they have as much difficulty with sexual problems as in any other area. The person who does not commit sexual offenses may still have sexual problems. We find that it is not the obvious sex offender who gives trouble but the person who denies having sexual problems.

We must study what happens to a man when he is subjected to deprivation of liberty. I can go on and on about deprivation of liberty, but now I will just put the accent on one aspect of it. Whether in a mental hospital or in a prison or in any other institution, the inmate hides his symptoms; he prevents the symptoms from coming to the fore. I often discussed with the staff the fact that it is very easy to have everybody on time to work in the morning -- you march them in; but, when you do this, you do not see that these people are not able to go to work in the morning. We emphasize the role of the inmate, but the inmate can do nothing if the staff, especially the correction staff, is not able to note that fourteen people are still in bed when they are supposed to be working and say, "I will have to deal with fourteen individuals."

Thus, the programs in the future must be based on the understanding of what goes on in those who are treated as much as in those who treat. The key is the interconnection of these relationships of inmate to inmate, officer to inmate, professional to inmate, professional to correction officer, and so on. Everybody must understand what is going on; otherwise, we are going back to the old punitive and retaliatory procedure.

DR. STUERUP

I agree with what Dr. Cormier has said about the concentration of sex offenders. In one of my recent lectures, I stated that although we may assist only a small minority of sex offenders, it is sometimes better to treat them together with other types of offenders who are in need of specialized assistance. Any artificial separation of sex offenders from others may have negative therapeutic consequences that will complicate our task. Also, I think that what causes a man to be classified as a dangerous person is accidental. Of course, if a man has been killing in series, then we need to say he is dangerous, but we have great difficulty in knowing whether we were right in so-labeling him. If we, as specialists, say that a man is dangerous, it is difficult to get responsible authorities to send him out of prison. One of the bad points of having a "dangerous" category, then, is that we make a self-fulfilling prophecy.

We can very often help a man gain the insight necessary to seek assistance from someone he trusts, someone who has been beside him in difficult situations. If we get him to come to this person, we can open up the rules so that we can receive him, so that the officer, who may be the crucial person, can dare to behave as his friend. This "one-sided friendship," in which only the inmate's difficulties are shared, is hard to take part in. Indeed, all relationships at the Center are delicate. We need to treat the staff as insincerely as we do inmates, but without letting them know.

In psychiatric observation, we have the problem of securing deep-going information without hurting the patient too much. Think of what it would mean to have your life story analyzed in detail, reported in court, and maybe published by the newspapers. Since the court selects our cases in Denmark, this can be a real problem.

Time spent in court proceedings is, as far as treatment is concerned, time lost. Three months or more are lost in initial proceedings, and with a sentence of limited time, the man must go to the parole board in about one-and-a-half years. There remains much too short a time before parole, a maximum of six months, in which to work with the inmate.

Dr. Toch remarked on religious engagement. I have been indebted to religion. I learned in church that one of the best moments for getting a deep inference, for impressing, is the emotional one. For many hundreds of years, the church has used moments of emotion for instilling the "right" religion. It occurred to me during an emotional reaction to a marriage ceremony that perhaps I could do the same. I have not had exactly the same type of emotion to work on, but I have met situations in which a man was temperamental. In the community meeting yesterday, one of the people was handled when he was upset. He was not, as in general psychiatry, told, "Oh! calm down. When you are calmed down, I will talk to you." Instead we used the moment to get him to understand how to prevent the situation in the future.

This type of situation occurs still, though less frequently than before. One time, three or four officers came in with a man who was fighting and shouting. Once he was in the office, the whole problem was to get him to sit down. As soon as a man sits down, he cannot shout so much any more, expecially if it is a good chair. Then I discussed with him what had happened in former situations, which meant a full story with exact dates and exact names had to be available. Hearing him break open about a former situation, I was better prepared for the next one and so was he.

We learn to use that sort of situation through experience; it cannot be applied by theory. You have to be confronted with people in these difficult situations; you have to show the staff and the inmates that you are unafraid of and capable of handling such so-called dangerous situations because they can then be a key to treatment.

DR. TOCH

I have just a few short comments to make. First of all, I want to clarify one thing. When I said that we can think more of putting homogeneous groups together, I did not mean to use legal, diagnostic classifications as the basis for grouping. What I meant is somewhat contingent on the kind of in-depth analysis that Dr. Stuerup referred to, namely. putting together in groups people who have similar problems in terms of patterns of difficulties that may manifest themselves, in some instances, in diverse antisocial conduct and, in others, in relatively constant, repetitive patterns. Putting these groups together in such a way that the components of each share essentially similar problems seems to be one strategy that permits the mobilization of insights and directional change where the diversity of the group would otherwise require extensive sorting. I am not suggesting that we put people together in one institution, which is a separate problem, but that we put people together in situations in which problems actually work through. Now, I know there are other strategies, some of which also have their advantages, but it seems to me that we have insufficiently experimented with this one. This is due partly to the fact that the basic information for grouping people is not yet available. Though neither the diagnostic nor legal categories are useful, we do not have people addressing themselves to the problem of how dangerous people or any other kind of people type themselves. We need some intelligent method of grouping people.

Second, I would like to endorse two of the points that Dr. Stuerup made. I do think it is important for people to leave their intensive change environment, which may or may not be an institution, and to belong to somebody or some group to which they can go with their precarious new-found sets of skills, attitudes, and values as they adjust. It is not necessary for people that one goes to, these resource people, be professional. That is why I stressed the fact that we can, to some extent, manufacture a social movement. We have rules that parolees are not supposed to associate with each other, but such rules are not only foolish but also contra-productive. I think that parolees, if they have really changed, require each other in order to survive. Having parolees themselves as resource people is one of the most potent weapons we have.

Also, I would like to substantiate the point that crisis situations can be used as therapeutic tools. Raedle and Weineman in their books on dangerous youngsters employ skillful argument and many examples to show this. I have myself seen one or two situations of this sort in my own work and they have convinced me that this is strategic, even to the point where I feel that I can sometimes justify promoting crises, promoting explosions, in order to use them as cleansing agents, provided that the time and the place are right.

MR. DERBY

Now, perhaps, the audience would like to ask some questions.

QUESTION 1: You stated that you would not segregate the sex offender. Yet, in the Center, treatment of the sex offender has largely failed. In the community meetings, these men are immature -- unable and unwilling to bring up this area of criminality. They cannot take advantage of the group setting to make progress. Why?

DR. STUERUP

Our dealings with the sex offender serve to exemplify our failure to use the knowledge we have. The public thinks that sex offenders are dangerous, but this is not true. First-time sex offenders are the least recidivist group we have. Information about all Denmark sex offenders in a year period showed that 10 per cent of the first offenders recidivated. Lesbians recidivated 3 to 4 per cent; rapists 4 per cent; and homosexuals with boys 11 to 12 per cent. The latter group together with exhibitionists had slightly higher recidivism rates. There was too small a group of children to get something significant. There is a higher rate among the people who have been sentenced twice; third-time offenders recidivated, on the average, a little below 50 per cent. Thus, first offenders are the least dangerous people around. As a matter of fact, it is nearly impossible to provide a control which can prove that a psychotherapeutic handling of these people is perhaps better than doing nothing or doing the usual thing, which is very near to doing nothing.

Maybe our treatment in prison makes sex offenders more insecure. They expect that you expect them to be dangerous. That is what makes them afraid of bringing things up. I am not sure all of these men are immature. Some of them are, but so many things cause sexual crimes that generalizations are out of place here. Let me note, too, that it is not true that an exhibitionist starts by going to small girls and boys and then advances to the role of rapist. On the contrary, every man stays with what he is used to.

QUESTION 2: Has your Treatment Center ever considered conjugal visits as a part of therapy?

DR. CORMIER

This is a problem surrounded by legend and myth. Certain countries reportedly introduce prostitutes into the prisons, but in actuality there exists neither country nor institution where this is done. I think conjugal visits should be allowed outside the institution in the form of, say, weekend passes.

QUESTION 3: My impression at Dannemora is that the men are encouraged to face reality. It seems to me that there is no better place to face reality than out in nature. The Dannemora countryside is so beautiful that I cannot help but think that a man out in it would change significantly.

MR. DERBY

The inmates of Clinton Prison love to grow tomatoes and ivy in the little courts, but the physical limitations of the Treatment Center, which Dr. Stuerup has already commented upon, prevent our taking advantage of nature therapy.

DR. CORMIER

We have to face the reality of our society. There are now fewer farm camps for the simple reason that we are living in an industrial civilization where reality is a shock. We do not use the lake and we do not even use the nice field around us, but we are hopeful that we will be able to use them later on. However, we have experimented with art as a creative release. At one stage, about twelve of the fifty inmates were painting. It is impossible to find percentages like that in the ordinary community. I think the inmates have a lot of creativity that has been locked up and needs to explode.

DR. FINK

I would like to make a few general comments. We make a mistake, in my opinion, in equating institutionalization and custody. There are many means of custody which do not imply institutionalization and these we should follow up. There are also several questions we have to raise and answer. Sooner or later, we shall have to take risks in the release of our men. Remembering our responsibility to the parole board, which relies heavily on our opinions of the men, we have to decide how far to go in taking risks. Questions also have to be raised about visits of former prisoners with each other and about the use of inmate therapists. I feel strongly about the need and advisability of having former inmates come back to talk to the men. Inmates listen more to former inmates than they do to us. We are also faced with the problems of classification according to some criterion other than crime and follow-up.

MR. DERBY

Our allotted time is nearly at an end so I would like to review what we have covered in the last day and a half of presentations. The panel with Mrs. Keitner and the graduate students showed what can begin to happen as we open up our institution and get away from some of the more traditional fears of letting the academic world in. Another pioneering effort was our panel with the two graduates and two officers from the Center. Finally, the distinguished guests sitting here beside me have given us insight into what has been done and what the trends are. The fact that we do have a great deal of knowledge today about how to rehabilitate the individual strikes me as most significant. Certainly, there are many strategies that are being and can be employed, though we freely admit that there is a great deal more we have to know. There are vast areas of ignorance, but on the other hand, we have not begun to put to work the things that we do know. This becomes the challenge for us in the future.

APPENDIX I

INTERNATIONAL CONCERN FOR THE CHRONIC OFFENDER

JACQUES BERNHEIM INTERVIEWED

DR. BERNHEIM

Criminology has been neglected for a long time in Europe, especially in my country, Switzerland. So, we are going to build up an institution for seventy inmates, detainees who are especially difficult for the authorities and who do not belong to the general psychiatric clinic. Right now, these people are in various prisons and psychiatric hospitals throughout Switzerland. We have nothing substantial yet, but we are making plans.

DR. PASTI

What kind of plans are you making?

DR. BERNHEIM

Because we have a primitive situation in Switzerland and because experiments in the field of criminology have begun only recently, I traveled to gain reliable information. I have seen several institutions in England and Holland as well as Dr. Stuerup's setup in Denmark. The one in Nijmegen is of worldwide interest because there is a mixing of very severe cases with less severe ones and because there is a collaboration of the outside population and the help of the government. A very civilized people live in Holland. The principal members of the courts and of the government were in jail during world War II, so they understand much of the problem. Now, I am very happy to have had the opportunity to see the Treatment Center and what Dr. Fink is doing there. In setting up the Swiss program, I shall draw upon all that I have observed here and elsewhere.

DR. PASTI

How does what we are doing here differ from what the other institutions are doing? Are there substantial differences between programs?

DR. BERNHEIM

There are differences. First, the population in the Center is homogeneous, more so than in the institutions I have seen in Europe. There are no people at the Center who are really mentally ill. Most of the inmates are recidivism cases with a relatively high I. Q. All are literate.

DR. PASTI

How about racial homogeneity? We have a large number of people here who are Negroes.

DR. BERNHEIM

You do have the medical problem of a black and white population, which we do not have. They have some isolated cases of colored men in England, but color is not a problem in Europe.

I noticed a second difference between Dannemora and the other institutions: collaboration with the outside population is not very important here. Inmates are not allowed to go outside.

DR. PASTI

Is the arrangement that enables inmates to mix with the general population perpetrated even when the inmates are regarded as dangerous criminals?

DR. BERNHEIM

The future of criminology lies in utilizing the outside population in order to establish something more like the real life situation. It is impossible to build a life situation artifically within the institution. You can have tension, problems between inmates or between inmates and staff, and resocialization attempts, but the last and necessary step is to let the inmates go outside. The staff members appreciate the risk, but if they think, after observation, that a man can go outside without danger, they let him go, first with a social worker, then alone. Both the Dutch and Dr. Stuerup in Denmark do this on a rather large scale.

DR. PASTI

Simulation studies, in which efforts are made to structure situations as similar as possible to reality, are very popular in political science and sociology. Are they being attempted in criminology?

DR. BERNHEIM

They have tried to create a real situation in Denmark. They have cottages where ten, twelve, or fifteen live, central administration buildings, and rooms for the doctors, all enclosed by a wall. Such conditions are always artificial, however. For instance, the inmates do not deal with money and they cannot have their wives with them.

DR. PASTI

Has there ever been any attempt to pay inmates real wages, deduct for room and board, and let them keep the remainder?

DR. BERNHEIM

The Dutch have a factory, administered by a sociologist, in which these people can work. The inmates are given a very accurate explanation about what their earnings are, what the running cost of the institution is, what is deducted, and what remains for them. If they work, they earn money; if they do not work, they do not earn anything. Such a setup is not easy to realize, however, because there can be difficulties with the trade unions in the country. It costs more than it brings in, so the state can interfere with such an experiment. If these people could be responsible for the economy of the state, the experiment would be more important. For instance, I have seen a little factory in Moscow with closed dormitories outside. The inmates work in the factory and the staff tries to interest them in the production.

DR. PASTI

You have raised a very interesting point: the question of work. This is one of the items at Dannemora that has been kept under careful scrutiny. Here, the main effort is to give the inmates regular work habits. Do you think this is an important part of the work situation, or should the work be interesting? Do you think efforts should be made to use the work situation as therapy or as training?

DR. BERNHEIM

Work begins a long time after socialization. We see that with children, who begin to socialize at school; only afterwards can they work. I think that criminals, mostly very immature, do the same. The first thing to do is to give them a sense of sociability and responsibility; the work and skills for the profession come later. In Clinton Prison, the inmates have been imprisoned for years and years and have learned quite a few professional activities. Since they were not prevented from recidivism, it perhaps proves that teaching somebody professional activity should not come before social maturity.

DR. PASTI

How do you develop maturity?

DR. BERNHEIM

There are two kinds of relationships: vertical ones, which are hierarchies of authority, and horizontal ones, which are partnerships. Children have only vertical ones and children are very primitive in their dealings with their peers. We in criminology try to get people to understand what the other man is and what partnership or respect he signifies. Perhaps horizontal relationships provide the best way to develop maturity, then.

DR. PASTI

This is similar to what happened in work situations, which are interpersonal relations within the environment.

DR. BERNHEIM

I wouldn't underestimate the efficiency of work, but an institution should not aim to give somebody an apprenticeship in a trade.

DR. PASTI

One thing that has gained publicity in this country is the program at Sing Sing where inmates are trained as IBM programmers. When they leave, they can find very high paying jobs. The theory is that, having some skills that are marketable in regular jobs, they will not be as tempted to find money in other ways. Most of the prisoners at Dannemora have not held jobs regularly.

DR. BERNHEIM

Teaching skills is effective with people who have been delinquents only once because of some concrete situation, but if you are dealing with chronic delinquents, the approach must be personal rather than professional. Criminals, like children, are immature, and you cannot teach a nine-year-old child skills.

DR. PASTI

Certain jobs which encourage this kind of cooperation would be very useful. Can you think of types of work or positions or jobs that might help establish this maturity? Most of the jobs that I have seen prisoners do are routine ones within an authoritarian framework. No one tries to establish a sense of cooperation or meaningful involvement. What kinds of work might achieve this goal?

DR. BERNHEIM

That approach is meaningless in the most severe cases of chronic offenders, but for the majority of them, we should employ workshops and skills adapted to new conditions in life and industry. We should find out what the industry demands--plastics, electronics, or whatever.

DR. PASTI

Having visited and compared several different institutions, how do you see the project that you are about to initiate?

DR. BERNHEIM

I hope to collaborate closely with the medical staff working in the prison in order to choose which detainees we can help. We do not know what to do for some people either medically, sociologically, or psychologically, so there is no sense in having them in an institution.

DR. PASTI

You will screen each prisoner medically, then will you consider volunteers?

DR. FINK

We were not very successful at the Center with volunteers because we got the wrong people. Men volunteered for all kinds of reasons but certainly not out of a motivation for treatment. Mainly, they volunteered under the misapprehension that if they became involved in the new program, they would soon be out on parole.

DR. BERNHEIM

The will has little meaning in immature people. They are easily influenced; you can reverse their opinions in one day. Therefore, we will operate without volunteers. The main screening will be done by doctors and psychiatrists and the administration will have something to say after looking at the files.

DR. PASTI

Will you choose them on the basis of how closely they are being paroled?

DR. BERNHEIM

That is an important point. I am firmly convinced that it is senseless to treat people who must serve a very long sentence. That must be done by the prison staff in the ordinary prison. The medical and psychiatric services of the prison can really help such people, but the treatment in an institution like the one Dr. Fink operates demands that we take people who might be paroled in two years or less.

DR. PASTI

What do you see as a minimum time needed to effectively treat the men? Is six months enough?

DR. FINK

A former inmate, married now and doing very well, visited me. I asked him, "How do you feel about the program in retrospect?" He mentioned a point, related to the question at hand, which I had not thought of before. "There is a saturation point," he said. "After it is reached, the community meetings, the lectures, the teamwork become part of a routine. We are eager to go out and apply what we have learned, but we are trapped in the program." This idea of diminishing returns after a maximum period of benefits, had not occurred to me. I discussed it with the staff and they also came to the conclusion that while this is generally true, each man has a different saturation point. You are left with questions you can answer only in individual cases. Offhand, I would say that two years is too long. If a man is not ready to go out after one year, he will never get ready by staying in the program. If he can go out after one year but is not ready to apply fully what he has learned, he may profit by coming back for another six or eight months.

DR. BERNHEIM

The treatment situation might look different if you could have an institution where some people cannot go out and some can.

DR. PASTI

The men would be treated and supervised differently as they matured. Or, to use military terminology, they would be phased out. Do you know of any efforts to do this with inmates?

DR. BERNHEIM

The institutions I saw in Holland have a different program for every man. In this individualized setup, the inmates take the responsibility to go out and come back. There are people who live outside and work in the institution and there are people who work outside and live in the institution.

DR. PASTI

What physical characteristics do you envisage in the center you are establishing?

DR. BERNHEIM

We shall have probably sixty or seventy people living in three or four little cottages. Each cottage will have a living room, a kitchen, a room for the staff--a setup for a kind of familial life. The large field on which these cottages will be built will be surrounded by a wall. There will be central administration in one house, workshops, rooms to entertain visitors from the outside, a theater, a cafeteria in others. The whole thing will be a closed village. Simulating the conditions of outside life, which we were discussing before, must be coupled with the possibility of really going outside, however.

DR. PASTI

As a last stage, then, the inmates would go back and forth between the institution and the outside.

DR. BERNHEIM

Maybe. It would be of interest to have people who can go out and people who cannot discuss the experience of going outside. If we do allow such mobility, we must somehow manage and I don't yet know how to add a measure of security. People who go outside could bring firearms or anything back in.

DR. FINK

I think, Dr. Bernheim, that this has been overemphasized. We have had no problem at Dannemora with contraband. The men cooperate because they know that this institution is here to help them. They don't feel hostility or the need to beat the system. They know if they do things like that, they only jeopardize their welfare and future. Everybody else wants to help the men; they are happy that the men are being treated. You will have that same experience, especially in a small country like Switzerland. Of course, you will have to educate the families. That is one thing we cannot do because we are far away from the centers of population.

DR. PASTI

Do you see efforts to work with the families of the inmates as part of your operation?

DR. BERNHEIM

It depends. In some cases, it is much more important that the men have contact with their families; in others, we do everything we can to hinder contact.

When younger people, aged eighteen, nineteen, and twenty are in prison, we organize group discussions with couples of parents so these parents can understand what has happened. They learn that all parents have the same difficulties and that it is not their fault that their child is in prison. I think we can help both the inmates and the families, in some cases, if we do get in touch with the families.

DR. PASTI

Can I infer that some effort is made to group people by age?

DR. BERNHEIM

We are drawing the plans for an institution for adults, but we have other institutions for younger people where we deal very much with parents. I think we could extend our experience in the treatment of families to people thirty years old. No one can be considered out of danger as long as his parents tell him regularly, "You are bad. We don't want you because of what you have done." Such words said upon a man's return home would destroy everything we accomplished. We must work with the parents so they will work with us. It helps if they are prepared to receive their sons at home.

DR. PASTI

Your staff will include sociologists and others to work with the families of the inmates, then.

DR. BERNHEIM

The therapeutic staff will include social workers and we will also have security officers, secretaries, cooks, and maintenance men. It is necessary to have a big staff and we plan to have a one-to-one relationship. If we have seventy inmates, we will have seventy staff members, both full-time and part-time personnel. Psychologists and psychiatrists are often part-time people. Perhaps it is better for them to have contact with the outer world and come only for a while into the prison.

DR. PASTI

Being members of the prison staff on a part-time basis enables them to keep their perspective.

DR. BERNHEIM

It is not desirable to have full-time people in the therapeutic group. Psychologists must be permitted to work with ordinary people outside. It is too hard for some people to work only in a prison though. It is a different matter if you are director. Then you have a bird's-eye view of the project and contact with the outside world to keep you sane.

To further let in the air of reality, we must have female persons in the therapeutic group. This is very important.

DR. PASTI

Is there an intent to have female prisoners?

DR. BERNHEIM

We have thought of that and I have spoken with Englishmen about the problem. I think it is more prudent to have seventy men. I do not know any institution where inmates are mixed; we have no guidelines or comparison. Only in Utrecht do they have female and male inmates together, but that is only for group discussions and general meetings--dormitories and workshops are separated.

DR. PASTI

Are there any places concerned with female chronic offenders?

DR. BERNHEIM

Perhaps ten per cent of the offenders are women, so they are only a minor problem. In my country, we very often take the female offender into the general psychiatric clinic. Since they are usually thieves or prostitutes, there is little obvious danger to the rest of the population.

Murderers are our best inmates. The man or woman who kills his spouse kills one specific person so he is not delinquent. Robbery and arson are bigger social problems than murder.

DR. PASTI

You are taking randomly-chosen people. Will you make an effort to deal with individuals differently if they have different crime records?

DR. FINK

I do not think there is any basic difference because the treatment methods are the same.

DR. BERNHEIM

Two people who have committed different crimes can show the same psychiatric signs of pathology. They both adapted to the outside world by committing some sort of crime.

DR. FINK

After all, the kind of crime that a person commits depends on so many fortuitous circumstances.

DR. PASTI

Dr. Bernheim, you did have a chance to hear the last panel discussion of the conference. Would you like to comment?

DR. BERNHEIM

As Dr. Cormier pointed out, separate institutions for alcoholics, sex offenders, and so forth must not exist. I agree there, but I disagree with Dr. Stuerup's assertion that sex offenders are not very dangerous.

DR. FINK

It is a question of semantics. What is a sex offender? Is it one who goes out and persistently rapes women at knifepoint, or is it the father who sleeps with his daughter? Is it the molester of children? Some of these are more dangerous than others. Also, the actual vicious sex offender, however he is defined, is a rare animal.

DR. PASTI

Perhaps the permissiveness regarding sex in Denmark explains Dr. Stuerup's statement that sex offenders are not dangerous.

DR. BERNHEIM

Rape is not a sexual offense from the medical point of view. It is a brutal realization of a normal instinct.

DR. FINK

That is a very unpalatable definition. The poor woman has to be protected.

DR. BERNHEIM

That is true, but we should not therefore classify rape as a sexual offense. It does denote an aggressiveness but does not automatically denote a sexual perversion. Thus, rapists are dangerous from the point of view of aggressiveness but not from that of perversion. They must be approached medically as aggressive, explosive people but not as sexual perverts.

DR. PASTI

So you define sex offenders as sexual perverts.

DR. BERNHEIM

Yes, those who take their sexual objects in a forbidden way, for example, child molesters and homosexuals with boys, are sex offenders. Because there are so many kinds of sex offenders, I do not think anyone can generalize that they are not dangerous. For example, homosexuality between adults is permitted in Switzerland so it is not dangerous, but homosexuality as a form of child molesting is very dangerous. Some sex offenders are dangerous, especially child molesters; others, such as exhibitionists, are not.

On the other hand, nonsexual situations can be more dangerous than sexual ones. I agree with Dr. Stuerup that incest is not dangerous. It takes place frequently and does not disturb the girl as much as we might think. The trauma of rape is much more dangerous for girls than the incest situation, which disappears when the girl finds a boyfriend.

DR. PASTI

How about psychopaths? Dr. Stuerup has reported amazing success in treating them. That seems to be an extremely difficult field to work in.

DR. BERNHEIM

Everyone has his own definition of psychopathy. I think psychopathy is a syndrome. People are psychopaths for many different reasons. Some conditions can be ameliorated if not cured.

DR. PASTI

Have you developed any variables or factors of a highly predictive nature?

DR. BERNHEIM

No, not so far. That must be very precisely organized later when I have the institution running empirically. We cannot make a research design until we know what the variables are. For example, I cannot tell what kind of population control to have before I know what kind of people we take.

DR. PASTI

Let me ask one last question. We are planning, with Dr. Fink's fine support and help, to work someday in the field of criminology here. Do you have any suggestions or recommendations?

DR. BERNHEIM

There are institutes of criminology in many European universities, one very good one at McGill University in Montreal. Most of these are led by lawyers who are interested in penal law and who collaborate with sociologists and psychiatrists, however. I think the right way to begin with criminology is to deal with criminals from a clinical point of view. I recommend practice rather than theory. It is of the utmost importance that your students go into the institution and perhaps lead a group discussion. Not only the students but also the men would benefit: a good share of treatment is contact with the outside world. Since institute doctors need the help of sociologists and social scientists, your collaboration with them is very important. We deal only with concrete cases and, thus, have no general view of the organization of our work in relation with the population in general. That broader view is what you at Dannemora can bring to us.

APPENDIX II

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Mr. John Veale, Graduate of Diagnostic and Treatment Center
Mrs. John Veale

Miss Maria Volpe, Graduate Student, SUNY at Plattsburgh

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Mr. Hugh Wallace, St. Albans' Correctional Facility, St. Albans, Vermont

Rev. LaSalle Walsh, Catholic Chaplain, Diagnostic and Treatment Center

Mr. William Weixel, Assistant to the Dean of Social Sciences, SUNY at Plattsburgh, and Conference Coordinator

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